. U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines. or civil penalties as provided by 29 U.S.C 439 or 440.

| For Official Use Only |                |  |
|-----------------------|----------------|--|
|                       | (5)            |  |
| E                     | ( AUG 1 9 2005 |  |
|                       |                |  |

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number U - 13 070             |                         | 2. Fiscal Year Covered Fro'n: |                                |            |
|---------------------------------------|-------------------------|-------------------------------|--------------------------------|------------|
|                                       |                         | 1/1/                          | 2004 Through: 12 / 31          | / 2004     |
| 3. Name and address of person filing. |                         | . Name, file number, and a    | address of labor organization. |            |
| Name <sub>Sean</sub> J                | Seyferth                | Name I.B.E.W. Lo              | cal 481                        |            |
|                                       |                         | Labor Organization File N     | Number 032-086                 |            |
| P.O. Box, Bldg., Room No., if any     |                         | P.O. Box, Building and R      | oom Number, if any             |            |
| Street <sub>1828</sub> N Meridian St  | , Suite 203             | Street 1828 N Mer             | dian St, Suite 205             |            |
| City Indianapolis                     |                         | City Indianapol:              | EI                             |            |
| State Indiana                         | ZIP Code + 4 46202-1471 | State Indiana                 | ZIP Code + 4                   | 46202-1471 |
| 5. Position in labor organization.    | siness Representative   |                               |                                |            |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |              |  |  |  |
|--|--------------|--|--|--|
| Name and address of Employer (including trade name, if any).   |              | 7.a. Nature of Interest, Transaction, or Income. |  |  |
| Name   |              |  |  |  |
| Trade Name, if any:  |              |  |  |  |
| P.O. Box, Bldg., Room No., if any  |              |  |  |  |
|  |              | 7.b. Amount.                                     |  |  |
| Street   |              |  |  |  |
| City   |              |  |  |  |
| State  | ZIP Code + 4 |  |  |  |

# Signature

| submitted in this report |           | y accompanying docum | ients), has been ex | penalties of the law, that all of the information amined by the signatory and is, to the best of the actions.) |
|--------------------------|-----------|----------------------|---------------------|--|
| Signed                   | 1. Lesson | On                   | 8/12/2005           | (317) 923-2596   |
| 9.12                     |           |                      | Date                | Telephone Number   |
| Form J M-30 (2003)       |           |                      |                     |  |

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, setling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Indianapolis Electrical JATC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1751 S Lawndale Ave

City Indianapolis

State Indiana

ZIP Code + 4 46241

9. Business deals with:

a. Labor Organization

X b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Apprenticeship School

Trade Name, if any:

P.O. Box, 8ldg., Room No., if any

Street 1751 S Lawndale Ave

City Indianapolis

State Indiana

ZIP Code + 4 46241

11.a. Nature of such dealing.

Tuxedo's

11.b. Approximate dollar value of such dealing.

\$194

12.a. Nature of interest he'd or income received.

12.b. Amount.

Meals

14.a. Nature of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Wachovia Financial Services

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 200

Street 8888 Keystone Crossing

City Indianapolis

State Indiana

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

14.b. Amount of payment.

\$125

File Number U-

#### **Part B Continuation Page**

|   | · · · · · · · · · · · · · · · · · · ·                |  |
|---|--|--|
| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                              |  |
| Name Indianapolis Electrical JATC                               | a. Labor Organization                                |  |
| Trade Name, if any:   | a. Labor Cryphilization                              |  |
| P.O. Box, Bldg., Room No., if any                               | × b. Trust   |  |
| Street 1751 S Lawndale Ave                                      | c. Employer  |  |
| City Indianapolis   |  |  |
| State Indiana ZIP Code + 4 46241                                |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                        |  |
| Name Apprenticeship School                                      | 6th District Frogress Mtg.                           |  |
| Trade Name, if any:   |  |  |
| P.O. Box, Bldg., Room No., if any                               |  |  |
| Street 1751 S Lawndale Ave                                      |  |  |
| City Indianapolis   |  |  |
| State Indiana ZIP Code + 4 46241                                | 11.b. Approximate dollar value of such dealing. \$42 |  |
|   | 12.a. Nature of interest held or income received.    |  |
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|   | 12.b. Amount,  |  |
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| Name | of Person | Filina | Sean | Sevferth |
|------|-----------|--------|------|----------|
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# Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                              |
|---|--|
| Name Indianapolis Electrical JATC                               | a. Labor Organization                                |
| Trade Name, if any: P.O. Box, Bldg., Room No., if any           | × b. Trust   |
| Street 1751 S Lawndale Ave                                      | c. Employer  |
| City Indianapolis   |  |
| State Indiana ZIP Code + 4 46241                                |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                        |
| Name Apprenticeship School                                      | Committee Discussion                                 |
| Trade Name, if any:   |  |
| P.O. Box, Bldg., Room No., if any                               |  |
| Street 1751 S Lawndale Ave                                      |  |
| City Indianapolis   |  |
| State Indiana ZIP Code + 4 46241                                | 11.b. Approximate dollar value of such dealing, \$38 |
|   | 12.a. Nature of interest held or income received.    |
|   |  |
|   | 12.b. Amount.  |

| Name of | of Person | Filing | Sean | Sevferth |
|---------|-----------|--------|------|----------|
|         |           |        |      |          |

# Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                               |  |  |
|---|---|--|--|
| Name Indianapolis Electrical JATC                               |   |  |  |
| Trade Name, if any:   | a. Labor Organization                                 |  |  |
| P.O. Box, Bldg., Room No., if any                               | X b. Trust  |  |  |
| Street 1751 S Lawndale Ave                                      | c. Employer   |  |  |
| City Indianapolis   |   |  |  |
| State Indiana ZIP Code + 4 46241                                |   |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                         |  |  |
| Name Apprenticeship School                                      | Committee Christnas Dinner                            |  |  |
| Trade Name, if any:   |   |  |  |
| P.O. Box, Bldg., Room No., if any                               |   |  |  |
| Street 1751 S Lawndale Ave                                      |   |  |  |
| City Indianapolis   |   |  |  |
| State Indiana ZIP Code + 4 46241                                | 11.b. Approximate dollar value of such dealing. \$112 |  |  |
|   | 12.a. Nature of interest held or income received.     |  |  |
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|   | 12.b. Amount.   |  |  |

File Number U-

# Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                               |  |  |
|---|---|--|--|
| Name Indianapolis Electrical JATC                               | a. Labor Organization                                 |  |  |
| Trade Name, if any:   |   |  |  |
| P.O. Box, Bldg., Room No., if any                               | b. Trust  |  |  |
| Street 1751 S Lawndale Ave                                      | c. Employer   |  |  |
| City Indianapolis   |   |  |  |
| State Indiana ZIP Code + 4 46241                                |   |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                         |  |  |
| Name Apprenticeship School                                      | Conference Registration Fee                           |  |  |
| Trade Name, if any:   |   |  |  |
| P.O. Box, Bldg., Room No., if any                               |   |  |  |
| Street 1751 3 Lawndale Ave                                      |   |  |  |
| <sup>City</sup> Indianapolis                                    |   |  |  |
| State Indiana ZIP Code + 4 46241                                | 11.b. Approximate dollar value of such dealing. \$855 |  |  |
|   | 12.a. Nature of interest held or income received.     |  |  |
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|   | 12.b. Amount,   |  |  |

| Name of P | erson Filina | Sean | Sevferth |
|-----------|--------------|------|----------|
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# Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                               |  |  |
|---|---|--|--|
| Name Indianapolis Electrical JATC                               | a. Labor Organization                                 |  |  |
| Trade Name, if any:   | d. Edsor Organization                                 |  |  |
| P.O. Box, Bldg., Room No., if any                               | × b. Trust  |  |  |
| Street 1751 S Lawndale Ave                                      | c. Employer   |  |  |
| City Indianapolis   |   |  |  |
| State Indiana ZIP Code + 4 46241                                |   |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                         |  |  |
| Name Apprenticeship School                                      | Construction Conference                               |  |  |
| Trade Name, if any:   |   |  |  |
| P.O. Box, Bldg., Room No., if any                               |   |  |  |
| Street 1751 S Lawndale Ave                                      |   |  |  |
| City Indianapolis   |   |  |  |
| State Indiara ZIP Code + 4 46241                                | 11.b. Approximate dollar value of such dealing. \$303 |  |  |
|   | 12.a. Nature of interest held or income received.     |  |  |
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|   | 12.b. Amount,   |  |  |
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#### Part B Continuation Page

| 8. Name and address of Business (including trade name, if a   | any). 9. Business deals with:                         |
|---|---|
| Name Indianapolis Electrical JATC  Trade Name, if any:        | a. Labor Organization  ★ b. Trust                     |
| P.O. Box, Bldg., Room No., if any                             | 5. 1103.  |
| Street 1751 S Lawndale Ave                                    | c. Employer   |
| City Indianapolis   |   |
| State Indiana ZIP Code + 4 46                                 | 241   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing.                         |
| Name Apprenticeship School                                    | International Foundation Conference                   |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any                             |   |
| Street 1751 S Lawndale Ave                                    |   |
| City Indianapolis   |   |
| State Indiana ZIP Code + 4 462                                | 11.b. Approximate dollar value of such dealing. \$102 |
|   | 12.a. Nature of interest held or income received.     |
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|   | 12.b. Amount.   |

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#### Part B Continuation Page

| Name and address of Business (including trade name, if any).  | 9. Business deals with:                              |
|---|--|
| Name Indianapolis Electrical JATC                             | a. Labor Organization                                |
| Trade Name, if any:   | a. Lator Organization                                |
| P.O. Box, Bldg., Room No., if any                             | b. Trust   |
| Street 1751 S Lawndale Ave                                    | c. Employer  |
| City Indianapolis   |  |
| State Indiana ZIP Code + 4 46241                              |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing.                        |
| Name Apprenticeship School                                    | Interviews   |
| Trade Name, if any:   |  |
| P.O. Box, Bldg., Room No., if any                             |  |
| Street 1751 S Lawndale Ave                                    |  |
| City Indianapolis   |  |
| State Indiana ZIP Code + 4 46241                              | 11.b. Approximate dollar value of such dealing. \$78 |
|   | 12.a. Nature of interest held or income received.    |
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|   | 12.b. Amount.  |

| Name | of | Person | Filina | Sean | Sevferth |
|------|----|--------|--------|------|----------|
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# Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                               |
|---|---|
| Name Indianapolis Electrical JATC                               | a. Labor Organization                                 |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any                               | × b. Trust  |
| Street 1751 S Lawndale Ave                                      | c. Employer   |
| City Indianapolis   |   |
| State Indiana ZIP Code + 4 46241                                |   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                         |
| Name Apprenticeship School                                      | Committee Meeting                                     |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any                               |   |
| Street 1751 S Lawndale Ave                                      |   |
| City Indianapolis   |   |
| State Indiana ZIP Code + 4 46241                                | 11.b. Approximate dollar value of such dealing. \$115 |
|   | 12.a. Nature of interest held or income received.     |
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|   | 12.b. Amount.   |
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| Name of  | Person    | Filina   | Sean | Sevferth |
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| Maille U | L CI SOII | 1 110119 | sean | Sevrerin |

#### Part B Continuation Page

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|---|---|
| 8. Name and address of Business (including trade name, if any). | 9. Business dea:s with:                               |
| Name Indianapolis Electrical JATC                               | a. Labor Organization                                 |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any                               | × b. Trust  |
| Street 1751 S Lawndale Ave                                      | c. Employer   |
| City Indianapolis   |   |
| State Indiana ZIP Code + 4 46241                                |   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                         |
|   | Graduation  |
| Name Apprenticeship School                                      |   |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any                               |   |
| Street 1751 S Lawndale Ave                                      |   |
| City Indianapolis   |   |
| State Indiana ZIP Code + 4 46241                                | 11.b. Approximate dollar value of such dealing. \$233 |
|   | 12.a. Nature of interest held or income received.     |
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|   | 12.b. Amount,   |
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#### Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                               |
|---|---|
| Name Indianapolis Electrical JATC                               | a. Labor Organization                                 |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any                               | × b. Trust  |
| Street 1751 S Lawndale Ave                                      | c. Employer   |
| City Indianapolis   |   |
| State Indiana ZIP Code + 4 46241                                |   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                         |
| Name Apprenticeship School                                      | Graduation Tickets Dinner                             |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any                               |   |
| Street 1751 S Lawndale Ave                                      |   |
| City Indianapolis   |   |
| State Indiana ZIP Code + 4 46241                                | 11.b. Approximate dollar value of such dealing. \$130 |
|   | 12.a. Nature of interest held or income received.     |
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|   | 12.b. Amount.   |
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# Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                               |
|---|---|
| Name LEGACY Professionals, LLC                                  | a. Labor Organization                                 |
| Trade Name, if any: CPA   | G. Capor Organization                                 |
| P.O. Box, Bldg., Room No., if any Suite 1F                      | × b. Trust  |
| Street 9301 Calumet Ave   | c. Employer   |
| City Munster  |   |
| State Indiana ZIP Code + 4 46321                                |   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                         |
| Name LEGACY   | Entertainment   |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any Suite 1F                      |   |
| Street 9301 Calumet Ave   |   |
| City Munster  |   |
| State Indiana ZIP Code + 4 46321                                | 11.b. Approximate dollar value of such dealing. \$513 |
|   | 12.a. Nature of interest held or income received.     |
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|   | 12.b. Amount.   |
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File Number U-

#### Part B Continuation Page

| 8. Name and address of Business (include        | ding trade name, if any). | 9. Business deals with                            |      |
|---|---------------------------|---|------|
| Name 40/86                                      |                           | a. Labor Organization                             |      |
| Trade Name, if any:                             |                           | a. Labor Organization                             |      |
| P.O. Box, Bldg., Room No., if any               |                           | × b. Trust  |      |
| Street 535 N College Ave                        |                           | c. Employer                                       |      |
| City Carmel                                     |                           |   |      |
| State Indiana                                   | ZIP Ccde + 4 46032        |   |      |
| 10. If 9.b. or 9.c. is checked give trust or em | ployer's name.            | 11.a. Nature of such dealing.                     |      |
| Name Ray Simpson                                |                           | Entertainment                                     |      |
| Trade Name, if any:                             |                           |   |      |
| P.O. Box, Bldg., Room No., if any               |                           |   |      |
| Street 535 N College Ave                        |                           |   |      |
| City Carmel                                     |                           |   |      |
| State Indiana                                   | ZIP Code + 4 46032        | 11.b. Approximate dollar value of such dealing.   | \$50 |
|   |                           | 12.a. Nature of interest held or income received. |      |
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|   |                           | 12.b. Amount.                                     |      |
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| Name of Person | Filina | Sean | Souferth |
|----------------|--------|------|----------|
|                |        |      |          |

# Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with                                |
|---|---|
| Name Loomis Sayles  | a. Labor Organization                                 |
| Trade Name, if any:   | a. Labor Organization                                 |
| P.O. Box, Bldg., Room No., if any Suite 300                     | × b. Trust  |
| Street 39533 Woodward Ave                                       | c. Employer   |
| City Bloomfield Hills   |   |
| State Michigan ZIP Ccde + 4 48304                               |   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                         |
| Name  | Entertainment   |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any Suite 300                     |   |
| Street 39533 Woodward Ave                                       |   |
| City Bloomfield Hills   |   |
| State Michigan ZIP Code + 4 48304                               | 11.b. Approximate dollar value of such dealing. \$125 |
|   | 12.a. Nature of interest held or income received.     |
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File Number U-

# Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                               |
|---|---|
| Name Katz, Sapper, & Miller                                     | a. Labor Organization                                 |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any Suite 500                     | ≿ b. Trust  |
| Street 800 E 96th St  | c. Employer   |
| City Indianapolis   |   |
| State Indiana ZIP Code + 4 46240                                |   |
| 10. If 9.b. or 9.c is checked give trust or employer's name.    | 11.a. Nature of such dealing.                         |
| Name Tim Almack   | Entertainment   |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any Suite 500                     |   |
| Street 800 E 96th St  |   |
| City Indianapolis   |   |
| State Indiana ZIP Code + 4 46240                                | 11.b. Approximate dollar value of such dealing. \$125 |
|   | 12.a. Nature of interest held or income received.     |
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|   | 12.b. Amount,   |

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| Name of Pe | erson Filina | Sean | Sevferth |

# Part B Continuation Page

| 8. Name and address of Business (including trade name, if any).  9. Business (Mame McDonnell Investments | iness deals with:                              |
|--|--|
| Name McDonnell Investments   |  |
|  | a. Labor Organization                          |
| Trade Name, if any:  |  |
| P.O. Box, Bldg., Room No., if any  | < b. Trust                                     |
| Street 1515 W 22nd St  | c. Employer                                    |
| City Oak Brook   |  |
| State Illinois ZIP Code + 4 60523  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.  | Nature of such dealing.                        |
| Name Mike Kamaradt   | rtainment                                      |
| Trade Name, if any:  |  |
| P.O. Box, Bldg., Room No., if any  |  |
| Street 1515 W 22nd St  |  |
| City Oak Brooks  |  |
| State Illinois ZIP Code + 4 60523 11.b. Ap   | pproximate dollar value of such dealing. \$198 |
| 12.a. N  | lature of interest held or income received.    |
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| 12.b. Ar   | mount,   |

| Name of Person Filing | Sean | Seyferth |
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# Part B Continuation Page

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| Name and address of Business (including trade name, if any). |               | 9. Business deals with.  |
| Name   |               | a. Labor Organization  |
| Trade Name, if any:  |               | S. Eddor Organization  |
| P.O. Box, Bldg., Room No., if any                            | !             | b. Trust   |
| Street   |               | c. Employer  |
| City   |               |  |
|  | ode + 4       |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's      |               | 11.a. Nature of such dealing.  |
| Name   | name.         | , and a second desired and a second s |
|  |               |  |
| Trade Name, :f any:  |               |  |
| P.O. Box, Bldg., Room No., if any                            |               |  |
| Street   |               |  |
| City   |               |  |
| State ZIP C  | ode + 4       | 11.b. Approximate dollar value of such dealing.  |
|  |               | 12.a. Nature of interest held or income received.  |
|  |               |  |
|  |               |  |
|  |               |  |
|  |               |  |
|  |               |  |
|  |               |  |
|  |               | 12.b. Amount,  |
|  |               |  |

| Name of Person Filing | Sean | Seyferth |
|-----------------------|------|----------|
|-----------------------|------|----------|

# Part B Continuation Page

| 8. Name and address of Business (including       | ng trade name, if any). | 9. Business deals with:                           |
|--|-------------------------|---|
| Name   |                         | a. Labor Organization                             |
| Trade Name, if any:                              |                         | a. Labor Organization                             |
| P.O. Box, Bldg., Room No., if any                |                         | b. Trust  |
| Street   |                         | c. Employer                                       |
| City   |                         |   |
|  | ZIP Code + 4            |   |
| 10. If 9.b. or 9.c. is checked give trust or emp | loyer's name.           | 11.a. Nature of such dealing.                     |
| Name   |                         |   |
| Trade Name, if any:                              |                         |   |
| P.O. Box, Bldg., Room No., if any                |                         |   |
| Street   |                         |   |
| City   |                         |   |
| State  | ZIP Code + 4            | 11.b. Approximate dollar value of such dealing.   |
|  |                         | 12.a. Nature of interest held or income received. |
|  |                         |   |
|  |                         |   |
|  |                         |   |
|  |                         |   |
|  |                         |   |
|  |                         |   |
|  |                         | 12.b. Amount.                                     |

| Name of Person Filing Sean Seyferth | File Number <b>U</b> - |
|-------------------------------------|------------------------|
|-------------------------------------|------------------------|

#### Part B Continuation Page

|      | 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                           |  |
|------|---|---|--|
| Name |   |   |  |
| ı    | Trade Name, if any:   | a. Labor Organization                             |  |
|      | P.O. Box, Bldg., Room No., if any                               | b. Trust  |  |
|      | Street  | c. Employer                                       |  |
|      | City  |   |  |
|      | State ZIP Code + 4  |   |  |
| İ    | 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                     |  |
|      | Name  |   |  |
|      | Trade Name, if any:   |   |  |
|      | P.O. Box, Bldg., Room No., if any                               |   |  |
|      | Street  |   |  |
|      | City  |   |  |
|      | State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing.   |  |
|      |   | 12.a. Nature of interest held or income received. |  |
|      |   |   |  |
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|      |   |   |  |
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|      |   |   |  |
|      |   |   |  |
|      |   | 12,b. Amount,                                     |  |